SEC 1972 Potential persons who are to respond to the collection of information contained in this (6/99)form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

SECURITIES AND EXCHANGE COMMISSION

FORM D

RECEIVED

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2002 Estimated average burden

hours per response...1

JAN 2 4 2.

SEC USE ONLY Prefix Serial DATE RECEIVED

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

UNITED STATES

Washington, D.C. 20549

21-39259

Name of Offering	(check if this is ar	amendment and	name has changed,	and indicate change.)
------------------	----------------------	---------------	-------------------	-----------------------

QUERIA, LLC 2001 Common Share Offering

Filing Under (Check box(es) that apply):

[X] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE

[] Amendment Type of Filing: [x] New Filing

PROCESSED

A. BASIC IDENTIFICATION DATA

Enter the information requested about the issuer

THOMSON FINANCIAL

Name of Issuer (check if this is an amendment and name has changed, and indiciate change.)

QUERIA, LLC

Address of Executive Offices (Including Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number

17871 Park Plaza Drive, Suite 100, Cerritos, CA 90703 (562) 592-6885

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices)

Brief Description of Business

SOFTWARE SALES

Type of Business Organiz [] corporation	[] limited partnership, al	ready for	med	[X] other (plea	ase specify):	
[] business trust	[] limited partnership, to	be form	ed	Limited	Liability	Company
	v	Month	Year			***************************************
Actual or Estimated Date	of Incorporation or Organization:	[1]0]	[0]0]	[x]∴Actual	[] Estimated	
Jurisdiction of Incorporation	n or Organization: (Enter two-lett CN for Canada; Ft				n for State: C] [A]	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter [X] Beneficial Owner	[] Executive Officer	[] Director [X]	General and/or Managing Partner (Manager)
Full Name (Last name KARL BUNCH	first, if individual)			
	e Address (Number and Street, TREET, DOWNEY, CA	City, State, Zip Code	*)	
Check Box(es) that Apply:	[] Promoter [天] Beneficial Owner	[] Executive Officer		General and/or Managing Partner (Manager)
Full Name (Last name NASON D. NE	·			
	e Address (Number and Street, STREET, LOS ANGELE	• • • • • • • • • • • • • • • • • • • •	3)	
Check Box(es) that Apply:	$[\]$ Promoter $[\![X]$ Beneficial Owner	[] Executive Officer		General and/or Managing Partner (Manager)
Full Name (Last name	•	and the second s		
	e Address (Number and Street, STA AVENUE, LONG BE	• • • • • • • • • • • • • • • • • • • •		
Check Box(es) that Apply:	[] Promoter [x] Beneficial Owner	[] Executive Officer		General and/or Managing Partner (Manager)
Full Name (Last name	,			
	e Address (Number and Street, RIVE, LOS ANGELES,	= -	·)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer		General and/or Managing Partner (Manager)
Full Name (Last name	first, if individual)			reference the service of the service and the service and the service of the service and the se
DONALD SPIL	LANE			
c/o O'CONNE	e Address (Number and Street, R FINANCIAL CENTE BOULEVARD, SU			90402
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer	[] Director [X]	General and/or Managing Partner (Manager)

·				· · · · · · · · · · · · · · · · · · ·			***************************************	************	***************************************			
Full Name	e (Last nam	e first, if i	ndividua	ıl)								
• MARK	STEVEN	SON		***************************************	·····					h		~~~
Business	or Residen	ce Addres	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)				
5410	FIELDS	TREAM	DRIVE	, EXP	ORT,	PA 1	5632					
Check Bo Apply:	ox(es) that	[] Pro	omoter [] Benefi Owner		[]Exe	ecutive cer	[][Director [] Gene Mana Partr	-	r
Full Name	(Last nam	e first, if i	ndividua	1)	- Leading to the Constitution of the Constitu							
Business (or Residen	ce Addres	ss (Num	ber and	Street, (City, Stat	e, Zip Co	ode)	2.11 qui margo, 13 qui 10 mai 10 marqui marti, 10 qui		annum meneral professional and a	
नार्किन नेत्र प्रतिनानिकारिकारिकारिकारिकारिकारिकारिकारिकारिकार	(Use b	ank shee	et, or co	py and	use ado	litional c	opies of	f this she	eet, as n	ecessa	ury.)	is wer gaig-ray-rate cat, gles weepen
			. E	. INFOR	RMATIO	N ABOU	T OFFE	RING		andready and control of the control		
1. Has the offering?.	e issuer sol										'es No X][]
2 Mbatic	s the minim				-		-	ider ULO		¢	5,000	
							•			•	es No	_
	ne offering				_					-	X.] []
directly or connectio person or the name	ne informat indirectly, in with sale agent of a of the brok of such a br	any comr s of secur broker or er or dea	mission or rities in to dealer in ler. If mo	or simila he offeri registere ore than	r remune ng. If a p d with th five (5) p	eration for person to ne SEC a persons	r solicita be listed nd/or wit o be liste	tion of pu d is an as th a state ed are as	rchasers sociated or state sociated	s in I s, list		
Full Name	(Last nam	e first, if in	ndividua	I)								
N,	/A											
Business (or Residen	ce Addres	ss (Num	ber and	Street, C	City, State	e, Zip Co	de)				
Name of A	Associated	Broker or	Dealer				l del la prime de la prime de la colon del prime de la colon d					wood wood on the state of the s
	Which Pers							sers	[1 All :	States	angeler og en
,	AK] [AZ]	[AR]	[CA]	[CO]	[CT]	DE]	[DC]	[FL]	ι [GA]	[HI]	[ID]	
	N] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	NE) [NV]		[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI] [S	SC] [SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)] All States [AL] [HI] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [ID] [IL] [IN] [KS] [KY] [IA] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [HN] [MM] [PA] [NJ] [NY] [NC] [ND] [OH] [OK] [OR] [RI] [SC] [WV] [WY] [PR] [SD] [TN] [XT] [UT] [VT][VA] [WA] [WI] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) 1 All States [AL] [AK] [AZ] [AR] [GA] [CA] [CO] [CT] [DE] [DC] [FL] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NY] [PA] [NJ] [NM] [NC] [ND] [OH] [OR] [OK] [RI] [SC] [VA] [SD] [TN] [XX][UT] [VT][WA] [WV] [WI] [PR] [WY] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security Debt
[] Common [] Preferred
Convertible Securities (including warrants)
Partnership Interests
Total
Answer also in Appendix, Column 3, if filing under ULOE.

(Aggregate Offering Price	Ar	nount Already Sold
\$_	0	\$_	0
\$_	0	\$_	0
\$	0	\$	0
\$	0	\$	0
\$_	185,076	\$_	185,076
\$_	185,076	\$_	185,076

2. Enter the number of accredited and non-accredited investors who purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	5	\$ 136,321
Non-accredited Investors	6	\$ 48,755
Total (for filings under Rule 504 only)	11	\$ 185,076

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	NONE	\$ 0
Regulation A	NTC NTC	\$ 0
	Membership Interest	\$ 90,000
Total	NONE	\$0

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[]\$
Printing and Engraving Costs	[]\$
Legal Fees	[x]\$ 5,000
Accounting Fees	[]\$
Engineering Fees	[]\$
Sales Commissions (specify finders' fees separately)	[]\$
Other Expenses (identify)	[]\$
Total	[]\$

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$180,076

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

Payments to Officers, Payments

Directors, & To

· .		Affiliates	Others
Salaries and fees		[X \$20,000) \$ 10,000
Purchase of real estate		[] 0	
Purchase, rental or leasing and installatio and equipment		[] o \$	[] 0 \$
Construction or leasing of plant buildings	and facilities	[] o	[] \$
Acquisition of other businesses (including securities involved in this offering that material exchange for the assets or securities of a pursuant to a merger)	ay be used in another issuer	[] o	[] 0 \$
Repayment of indebtedness		[] \$ 0	[] \$ 0
Working capital		[] \$ <u> </u>	** 150,076
Other (specify):	<u></u>	[] \$ 0	[] \$ 0
		[] \$	[]
Column Totals		[]	160,076
Total Payments Listed (column totals add	led)	[]\$_1	80,076
D. 1	FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed under Rule 505, the following signature consecutives and Exchange Commission, upon weany non-accredited investor pursuant to paragraph	onstitutes an undertaking by ritten request of its staff, the	the issuer to furnis	h to the U.S.
Issuer (Print or Type)	Signature	Da	
QUERIA, LLC	Dul	J 1	14/2002
Name of Signer (Print or Type)	Title of Signer (Pr	int or Type)	
Karl Bunch	Manager		
	ATTENTION		
Intentional misstatements or omission		ral criminal violati	ions. (See 18
	U.S.C. 1001.)		,

E. STATE SIGNATURE

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? ———————————————————————————————————	
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature Date
QUERIA, LLC	12/19/19/2024
Name of Signer (Print or Type)	Title (Print or Type)
Karl Bunch	Manager

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 5 Disqualification under State ULOE Type of security and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Amount Investors **Amount** Yes No AL ΑK ΑZ AR

			Membership						
ا م	1	I X	Membership Interesta 97,000	4	97,000	0	0	ı	
CA			94,000.	4	97,000	. 0	-		
CO								<u> </u>	
CT			1						
DE					 				
DC								<u> </u>	
FL									
GA		<u> </u>			ļ				
HI					<u> </u>				
ID									
IL.									
IN	<u> </u>				<u> </u>				<u> </u>
IA	!				<u> </u>				
KS					<u> </u>				
KY	<u> </u>								
LA	ļ								
ME									
MD									
MA									
MI									
MN									
MS					<u> </u>				
МО									
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC									
ND									
ОН									
ОК									
OR			Membership:		20 221	_			
PA	Х		Marbership 88.076	1	39 , 321	6	48 , 755		
RI									
SC									
SD									
TN									
TX									
UT									·
VT									
VA									
WA				,				,	
WV									
WI									
WY									
PR									

http://www.sec.gov/divisions/corpfin/forms/d.htm Last update: 08/27/1999